RESCUE TASK FORCE

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Současný stav odezvy ZZS

KATALOGOVÝ SOUBOR – TYPOVÁ ČINNOST SLOŽEK IZS PŘI SPOLEČNEM ZAȘAHU

Amok – útok aktivního střelce

STČ 14/IZS
Začátek střelby cca 12,30
„ošetření“ v cca 14,30
Problém: Preventabilní příčiny úmrtí

The Hartford Consensus

In April 2013, just a few months after the active shooter disaster on December 14, 2012, at Sandy Hook Elementary School in Newtown, CT, the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events was convened by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others. The committee was formed under the guidance and leadership of trauma surgeon Lennworth M. Jacobs, Jr., MD, MPH, FACS, vice president of academic affairs and chief academic officer at Hartford Hospital, and professor of surgery, University of Connecticut School of Medicine, to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. The committee’s recommendations are called the Hartford Consensus, and currently consist of four reports.

From evaluation of 982 casualties, and casualties could have more than 1 cause of death. (Kelly J., J Trauma 64:S21, 2008)

Potentially Preventable Deaths (232) in OIF and OEF

- Extremity Bleeding: 61%
- Tension Pneumothorax: 33%
- Airway Obstruction: 6%

- Hemorrhage: 85%
- 31% Compressible (prehospital target)
- 66% Non-Compressible (FST/CST target)
- CNS 9%
- MSOF 4%
- Airway 14%
Problém

**Tactical Emergency Casualty Care (TECC)**
**Guidelines**
Current as of June 2015

**DIRECT THREAT (DT) / HOT ZONE CARE**

**INDIRECT THREAT (IDT) / WARM ZONE CARE**

**EVACUATION (EVAC) / COLD ZONE CARE**
Řešení

**PREVIOUS PROCEDURE**

Firefighters establish a medical triage center a safe distance from the shooter, known as a “cold zone,” and wait until police have secured the area before treating victims.

**NEW TACTICS**

Medics will enter “warm zones” with police, even if a shooter has not been contained and a threat still exists.

A rescue task force combines firefighters and paramedics with armed police.
Rescue Task Force

• Zdravotničtí profesionálové

• Trénink TECC

• Trénink taktiky s Policií

• OOPP

Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers

Current as of May 2017
Certifikovaný kurz
TAKTICKÁ NEODKladná péče
Unconventional Warfare, Unconventional Medicine
DĚKUJI ZA POZORNOST

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Společnost krizové připravenosti zdravotnictví ČLS JEP

Česká resuscitační rada

Emergency Nurses Association

National Association of Emergency Medical Technicians

Difficult Airway Society

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